Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

13438

Application ID:

09683454

Title of Invention:

Biopsy Needle Having Rotating

Core For Shearing Tissue

First Named Inventor:

John Fisher

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-01-02

Submission Type:

Utility Patent Filing

Filing Type:

Service Control

new-utility

Confirmation Number:

0

Attorney Docket Number:

1139.16

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and

Government, c=US

Certificate Message Digest:

aMzAHBfVdhDiZ8rrcJ5zNw==

Total Fees Authorized:

\$562.0

Payment Category:

CC - Credit Card

Credit Card Number:

********2000

Expiration Date:

05312002

Card Holder Name:

Anton J. Hopen

RAM User ID:

EFSPROD

RAM Accounting Date:

2002-01-02

RAM Sequence Number:

381387

RAM Payment Status:

RAM success

Postal Code:

33760

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket Number:

1139.16

Submission Type: Utility Patent

Filing

Biopsy Needle Having Rotating Core For Shearing Tissue

First Named Inventor: John S. Fisher

SUBMITTED BY

Name:

Total May Hill

THE LANGE

Ronald E. Smith

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28761

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Date Signed: 20020102

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Anton J. Hopen

Registration Number:

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Date Signed: 20020102

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

declaration

fee-transmittal

bibd-transmittal

specification

Dec01.tif

Dec02.tif

1139efee.xml

1139eapds.xml

Spec.xml

Attached Image File(s):

Dec01.tif

Dec02.tif

Comments:

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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGŇ, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As below named inventors, we hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. We believe that we are the original, first inventors of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Biopsy Needle Having Rotating Core For Shearing Tissue

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

We hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen Ronald E. Smith Registration Number 41,849 Registration Number 28,761

We hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Smith & Hopen, P.A. 15950 Bay Vista Drive, Ste. 220 Clearwater, FL 33760 Customer No. 21,901 Ronald E. Smith (727) 507-8558

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Inventor's signature			
inventor 5 515144444	John S. Fisher		
Date	, 2001		
Country of Citizenship	USA		
Residence	Belleair, FL		
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Inventor's signature	Frederick Ahari		
Date ,	, 2001		
Country of Citizenship	USA		
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FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

And May 18th

Wall House

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 562

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

2000

Expiration Date:

20020531

Authorized Name:

Anton J. Hopen

Billing Address:

33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	201	\$ 370	

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 32	203	\$ 9	12	\$ 108
Independent Claims: 5	202	\$ 42	2	\$ 84

Subtotal For Extra Claims Fees: \$ 192